

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>4/5/24/05</u>		2 Serial/Patent # <u>10/5/8/22</u>																					
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10px; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT <div style="text-align: right; padding-right: 10px;">\$ <u>100⁰⁰</u></div>
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<input type="checkbox"/>	Amendment																						
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<div style="border: 1px solid black; height: 40px; width: 100%; background-color: #f0f0f0;"></div>		7 TOTAL AMOUNT OF REFUND																					
		<div style="text-align: right; padding-right: 10px;">\$ <u>100⁰⁰</u></div>																					
10 REASON: <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Overpayment <u>Search Fee</u> </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Duplicate Payment </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> No Fee Due (Explanation): </div>		8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 2px; text-align: center;"> Treasury Check </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> Credit Deposit A/C #: </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> 9 0 3 -- 3 1 2 5 </div>																					
11 REFUND REQUESTED BY: <u>F Young</u>																							
TYPED/PRINTED NAME: <u>F Young</u>		TITLE: <u>Paralegal</u>																					
SIGNATURE: _____		PHONE: _____																					
OFFICE: _____																							
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: